

Massachusetts Department of Public Health  
Division of Epidemiology and Immunization

**Immunization Screening Tool  
For Live Attenuated Influenza Vaccine (LAIV)**

Screening Question	Response		Action for Vaccinator
1. Are you a health care worker, household contact or someone who comes in to close contact with severely immunocompromised persons during periods when such patients require care in a protected environment?	Yes	No	<u>YES</u> - Due to possible transmission of vaccine virus, inactivated influenza vaccine is <i>preferred</i> over live intranasal vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 2.
2. Are you in the acute phase of a respiratory or febrile illness?	Yes	No	<u>YES</u> - Postpone administration of LAIV for 72 hours. <u>NO</u> - Proceed to question 3.
3. Are you experiencing nasal congestion that would impede delivery of LAIV to the nasopharynx?	Yes	No	<u>YES</u> - Defer vaccination with LAIV until nasal congestion clears, or recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 4.
4. Are you pregnant?	Yes	No	<u>YES</u> - Do not vaccinate with LAIV, but recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 5.
5. Are you a nursing mother?	Yes	No	<u>YES</u> - Have patient speak with their health care provider prior to receiving LAIV, since it is not known whether the vaccine is excreted in milk, or recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 6.
6. Have you had an anaphylactic (severe allergic) reaction to a previous dose of LAIV influenza vaccine or egg protein?	Yes	No	<u>YES</u> - Have patient speak with their health care provider prior to receiving LAIV. <u>NO</u> - Proceed to question 7.
7. Have you ever had an anaphylactic (severe allergic) reaction to gentamicin?	Yes	No	<u>YES</u> - Do not vaccinate with LAIV, but recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 8.

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8. Are you < 5 or > 49 years of age?	Yes	No	<u>YES</u> - Do not vaccinate with LAIV, but recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 9.
9. Are you between the ages of 5 – 17 years and receiving aspirin therapy?	Yes	No	<u>YES</u> - Do not vaccinate with LAIV, but recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 10.
10. Are you taking influenza antiviral medications?	Yes	No	<u>YES</u> - Do not vaccinate with LAIV, but recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 11.
11. Do you have a history of Guillain-Barré syndrome?	Yes	No	<u>YES</u> - Have patient check with their health care provider regarding receipt of influenza vaccine. <u>NO</u> - Proceed to question 12.
12. Do you have an immunodeficiency caused by disease or treatment?	Yes	No	<u>YES</u> - Do not vaccinate with LAIV, but recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 13.
13. Do you live in a household with or have a close contact who has severe immunosuppression requiring a protective environment?	Yes	No	<u>YES</u> - Do not vaccinate with LAIV, but recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to question 14.
14. Do you have a history of asthma or reactive airway disease; chronic cardiac or pulmonary disease; diabetes or another metabolic diseases; renal (kidney) dysfunction; or hemaglobinopathies?	Yes	No	<u>YES</u> - Do not vaccinate with LAIV, but recommend inactivated influenza vaccine. <sup>1</sup> <u>NO</u> - Proceed to vaccination.

<sup>1</sup> This condition is not a contraindication to inactivated influenza vaccine. Recommend the patient receive inactivated influenza vaccine. The patient should be screened for medical contraindications to inactivated influenza vaccine prior to administration.